

**Request for a Record**  
**Utah Government Records Access and Management Act**

To: Park City Municipal Corporation  
(Name of person and/or government office holding records)

P. O. Box 1480, Park City UT 84060  
(Address of government office)

**Person Making Request**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ G/o ckr " \_\_\_\_\_

I desire \_\_\_\_\_ access to or \_\_\_\_\_ copies of the following records (describe with reasonable specificity, attach additional sheet(s) if necessary):

\_\_\_\_\_

\_\_\_\_\_ See additional sheet(s) attached.

This request is submitted under the authority of Section 63G-2-101 et seq., Utah Code, GRAMA.

If applicable, check one of the following and attach necessary documentation:

\_\_\_\_\_ I am the subject of the record.

\_\_\_\_\_ I am the person who provided the information.

\_\_\_\_\_ I am authorized to have access by the subject of the record or by the person who submitted the information.

\_\_\_\_\_ I believe this request should be handled as an expedited (5 day) request under Section 63G-2-204(3), for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than the person making the request. (If applicable, attach a summary describing the reasons the public will benefit from early response. Without this provision the request will be handled as soon as reasonably possible, but can take up to 10 business days.)

\_\_\_\_\_ Other. Explain: \_\_\_\_\_

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed \$ \_\_\_\_\_, in conformance with the government entity's policy as determined by ordinance or written formal policy adopted by the governing body. I understand there is no charge for inspecting a record. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified and that the agency will not respond to a request for copies if I have not authorized adequate costs.

Date: \_\_\_\_\_

\_\_\_\_\_  
Person Making Request

**Office Use Only** - Deadline: \_\_\_\_\_ City Attorney review: \_\_\_\_\_ Assigned: \_\_\_\_\_  
Completed/Mailed/Faxed/Picked Up: \_\_\_\_\_